

Employee / Vendor:

Government Unit



**Home Address:**

Fund / Account:

Home School

Home School						
Date:	Starting Location	Ending Location	Odometer Reading * Start - Finish	Nature of Business	Auto Miles Traveled	Mileage Rate @ _____¢ Per Mile
Auto License #:				Totals:		

Pursuant to the provisions and penalties of Chapter 155, Acts 1953, I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Building Administrator

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Treasurer

	Ad Center	Battell	Beiger	Emmons	Hums	LaSalle	Liberty	Twin Branch	JYMS	MHS	Oaklawn	Battell Center	Baker Park
<b>Ad Center</b>	0	2.2	2.6	0	3.2	1.6	3.4	4.6	2.1	2.2	2	1.6	1.5
<b>Battell</b>	2.2	0	1.7	2	3.7	2.4	1.2	3.6	1.2	1.2	2	0.4	1.5
<b>Beiger</b>	2.6	1.7	0	2.4	2.2	2.8	2.9	1.9	2.7	0.5	2.4	2.1	0.5
<b>Emmons</b>	0	2	2.4	0	3	1	3.2	4.4	1.9	2	2	1.7	1.5
<b>Hums</b>	3.2	3.7	2.2	3	0	4.2	4.9	1.4	4.7	2.7	4.5	4	1.7
<b>LaSalle</b>	1.6	2.4	2.8	1	4.2	0	3.5	4.8	2.5	2.3	4	1.9	3.1
<b>Liberty</b>	3.4	1.2	2.9	3.2	4.9	3.5	0	4.8	1	2.4	2.7	1.3	3.4
<b>Twin Branch</b>	4.6	3.6	1.9	4.4	1.4	4.8	4.8	0	4.5	2.3	3.5	3.7	3.4
<b>JYMS</b>	2.1	1.2	2.7	1.9	4.7	2.5	1	4.5	0	2.2	2	0.5	3.2
<b>MHS</b>	2.2	1.2	0.5	2	2.7	2.3	2.4	2.3	2.2	0	1.9	1.6	1
<b>Oaklawn</b>	2	2	2.4	2	4.5	4	2.7	3.5	2	1.9	0	1.5	2.9
<b>Battell Center</b>	1.6	0.4	2.1	1.7	4	1.9	1.3	3.7	0.5	1.6	1.5	0	2.4
<b>Baker Park</b>	1.5	1.5	0.5	1.5	1.7	3.1	3.4	3.4	3.2	1	2.9	2.4	0